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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 09/504,813			ing Date 16/2000	To be Mailed	
	Al	PPLICATION A	AS FILE	OTHER THAN SMALL ENTITY □ OR SMALL ENTITY									
	FOR	N	NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A		
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•			x s =		OR	X \$ =		
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =					X \$ =		1	X \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	shee is \$2 addit 35 U	If the specification and sheets of paper, the ap is \$250 (\$125 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G) 8			pplication size fee due il entity) for each r fraction thereof. See and 37 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,16(j))													
* 151	the difference in colu			TOTAL		J	TOTAL						
APPLICATION AS AMENDED – PART II           OTHER THA         (Column 1) (Golumn 2) (Column 3) SMALL ENTITY OR SMALL ENTITY           OLAMS         HIGHEST													
AMENDMENT	08/29/2011	CLAIMS REMAINING AFTER AMENDMENT		NUMBE PREVIO PAID FO	R	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	· 4	Minus	·· 20		= 0		X \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	· 2	Minus	···3		- 0		X \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))												
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	*	Minus	**		=		X \$ =		OR	X \$ =		
	Independent (37 CFR 1.16(h))		Minus	***		-		X \$ =		OR	X \$ =		
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))									OR	l		
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								ostrumont F:	OR	TOTAL ADD'L FEE		
** #	I the ordry in column 1 is less than the entry in column 2, while 0' in column 3. Legal Instrument Examiner:  -#this -#thip-its Humber Ervicuolity End Fer Ef THIS SPACE is less than 3, enter '35'  WANESSA BARBER/  "If the +Highest Number Previcuolity Pack Fer In THIS SPACE is less than 3, enter '35'  The Highest Number Previcuolity Pack Fer In THIS SPACE is less than 3, enter '35'  The Highest Number Previcuolity Pack Fer In THIS SPACE is less than 3, enter '35'  The Highest Number Previcuolity Pack Fer In THIS SPACE is less than 3, enter '35'  The Highest Number Previcuolity Pack Fer In THIS SPACE is less than 3, enter '35'  The Highest Number Previcuolity Pack Fer In THIS SPACE is less than 3, enter '35'  The Highest Number Previcuolity Pack Fer In THIS SPACE is less than 3, enter '35'  The Highest Number Previcuolity Pack Fer In THIS SPACE is less than 3, enter '35'  The Highest Number Previcuolity Pack Fer In THIS SPACE is less than 3, enter '35'  The Highest Number Previcuolity Pack Fer In THIS SPACE is less than 3, enter '35'  The Highest Number Previcuolity Pack Fer In THIS SPACE is less than 3, enter '35'  The Highest Number Previcuolity Pack Fer In THIS SPACE is less than 3, enter '35'  The Highest Number Previcuolity Pack Fer In THIS SPACE is less than 3, enter '35'  The Highest Number Previcuolity Pack Fer In THIS SPACE is less than 3, enter '35'  The Highest Number Previcuolity Pack Fer In THIS SPACE is less than 3, enter '35'  The Highest Number Previcuolity Pack Fer In THIS SPACE is less than 3, enter '35'  The Highest Number Previcuolity Pack Fer In THIS SPACE is less than 3, enter '35'  The Highest Number Previcuolity Pack Fer In THIS SPACE is less than 3, enter '35'  The Highest Number Previcuolity Pack Fer In THIS SPACE is less than 3, enter '35'  The Highest Number Previcuolity Pack Fer In THIS SPACE is less than 3, enter '35'  The Highest Number Previcuolity Pack Fer In THIS SPACE is less than 3, enter '35'  The Highest Number Previcuolity Pack Fer In THIS SPACE is less than 3, enter '35'  T												

This collection of information is required by 37 CFR 1,16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to Indicates the information is equilible, by control of the USPTO. There will vary depending upon the individual case. Any companing and submitted application for the USPTO. There will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Do. of 1500, Alexandrias. V.B. 2321-450, D.O. NOT SEND FEES OR COMPRETED FORMS TO HIS.